

Chart 5  
Monthly Insurance rates For Retiree  
Basic Life and UniCare State Indemnity Plan/Medicare Extension (OME) With Catastrophic Illness Coverage  
For Retirees Insured For The OME Plan And Their Spouses And Dependents  
Who May Be Insured In The UniCare State Indemnity Plan/PLUS or Indemnity Plan/Community Choice Plan  
Effective For The Premium Due July 1, 2008

Coverage Combination			Premium Amount To be Deducted On Payroll		
Retiree Insured For:	Spouse Insured For:	Number of Dependents Under Age 19	Retirees Retired On or before July 1, 1994	Retirees Retired After July 1, 1994	Full Cost Premium
Life & OME Plan/Part B	Indemnity Plan PLUS	0	\$97.19	\$140.53	\$877.34
Life & OME Plan/Part B	Indemnity Plan PLUS	1 or more	124.29	186.43	1,242.82
Life & Indemnity Plan PLUS	OME Plan/Part B	0	97.19	140.53	877.34
Life & Indemnity Plan PLUS	OME Plan/Part B	1 or more	124.29	186.43	1,242.82
Life & OME Plan/Part B	Indemnity Community Choice Plan	0	\$86.19	\$124.02	\$767.31
Life & OME Plan/Part B	Indemnity Community Choice Plan	1 or more	98.58	147.87	985.75
Life & Indemnity Community Choice Plan	OME Plan/Part B	0	86.19	124.02	767.31
Life & Indemnity Community Choice Plan	OME Plan/Part B	1 or more	98.58	147.87	985.75

Note: The Medicare Part B premium was not added to the rate calculation.